

**TOWN OF WALPOLE
INSPECTOR OF BUILDINGS
APPLICATION FOR ADDITIONS/ALTERATIONS**

TELEPHONE: (508) 660-7322

FAX: (508) 660-2240

Building Permit No. _____

Date: _____

NAME OF OWNER _____

Address: _____

LOCATION OF PROPERTY: _____

ZONING DISTRICT: _____

**DIMENSIONAL REGULATIONS
SECTION 48 ZONING BY-LAWS**

PARCEL #'s: _____

BOARD OF APPEALS CASE NO.

Variance _____

Special Permit _____

Site Plan Approval _____

Water Protection Overlay _____

District 1, 2, 3, 4 _____

SETBACKS:

Road Frontage _____

Front Setback _____

Side Setback _____

Rear Setback _____

PROPOSED PLOT PLAN REC'D. _____

**CERTIFIED PLOT PLAN REQUIRED
ON ALL NEW CONSTRUCTION**

TO BE COMPLETED BY THE WATER & SEWER DEPT. (SECOND FLOOR)

Service Numbers and fees:

A-Water Service Number _____ \$ _____ Date Paid _____

B-Sewer Service Number _____ \$ _____ Date Paid _____

C-Well Board of Health approval required

Water & Sewer Dept. / Date

TO BE COMPLETED BY THE BOARD OF HEALTH (FIRST FLOOR)

A-SEPTIC SYSTEM PERMIT ISSUED _____ Date: _____

B-CELLAR FLOOR ELEVATION _____

C-PRIVATE WELL WATER NOTED ON SEPTIC SYSTEM PLAN _____ YES _____ NO _____

Board of Health / Date

TO BE COMPLETED BY THE CONSERVATION COMMISSION (SECOND FLOOR)

A-WETLAND FILLING REQUIRED _____

B-WETLAND FILLING NOT REQUIRED _____

C-OTHER WETLAND ISSUES _____

Conservation Commission / Date

TO BE COMPLETED BY THE ENGINEERING DEPT. (SECOND FLOOR)

Curb Cut Permit Number _____

Engineering Dept. / Date